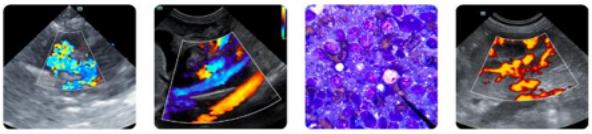

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PATIENT

Krissy Davies

SPECIES

Canine

BREED

Beagle

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

14.8 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region Emergency

REFERRING VET

Dr. Pask

INVOICE

13354

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: lethargic, not eating AKI vs CKD vs open abdomen distended, doughy Current Medications none started yet Abnormal PE/Chem/CBC/UA Results: BUN 42.9 2.1 - 11.1 mmol/L Creatinine 624 44 - 141 umol/L SDMA 36.9 <14 ug/dL Radiographic Findings NA Primary Question to Be Answered in This Exam R/O structural abnormalities in kidneys - provide prognosis for recovery

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.5 cm, are normal.

The left kidney is normal size (5.40 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic to hyperechoic relative to the spleen. At least one small cortical cyst is seen. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.83 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic to hyperechoic relative to the spleen. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.93 cm at cranial pole) (0.67 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.24 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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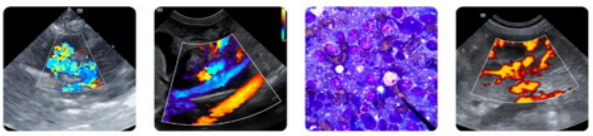

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Educational Teleconsultation Services™

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Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes
A 2.4 x 1.3 cm multi-septated cystic lymph node is observed just caudal to the left renal artery. In addition, a 1.92 x 1.10 cm septated cystic lymph node is observed just caudal to the right renal artery.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

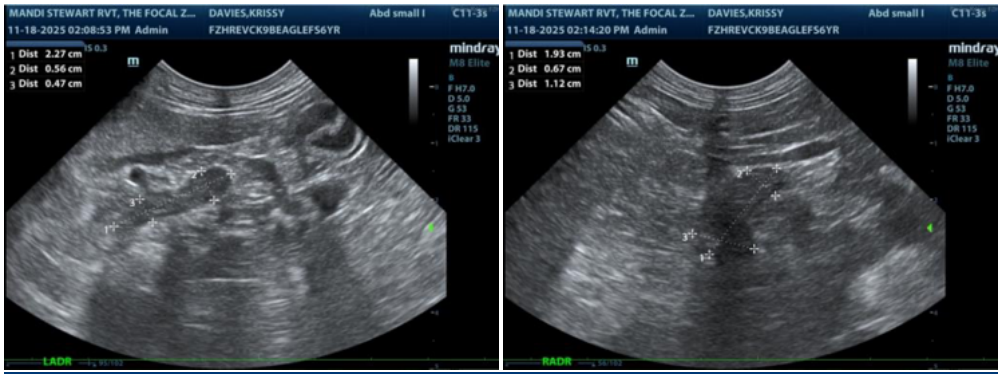
- Bilateral nonspecific chronic renal changes. The cause of the patient's renal disease is not definitively identified. Considerations include infection, prior insult (i.e., toxicity or hypotensive event), protein losing nephropathy, other.

Secondary Findings:

- Cystic lymph nodes in the mid-abdominal region, the significance of which is unclear. They might represent a benign incidental finding with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A urinalysis with a culture and sensitivity are recommended.
2. Also consider a UPC if proteinuria is present in the absence of infection.
3. A baseline blood pressure measurement should also be obtained.
4. Consider Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high.
5. Also consider a resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
6. While awaiting test results, IV fluid diuresis and supportive care are recommended with close monitoring of the patient's renal values to assess progression of the azotemia.
7. Once the patient is eating again, consider transitioning to a prescription renal diet (if tolerated).



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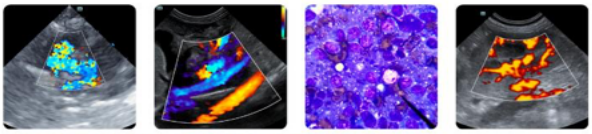

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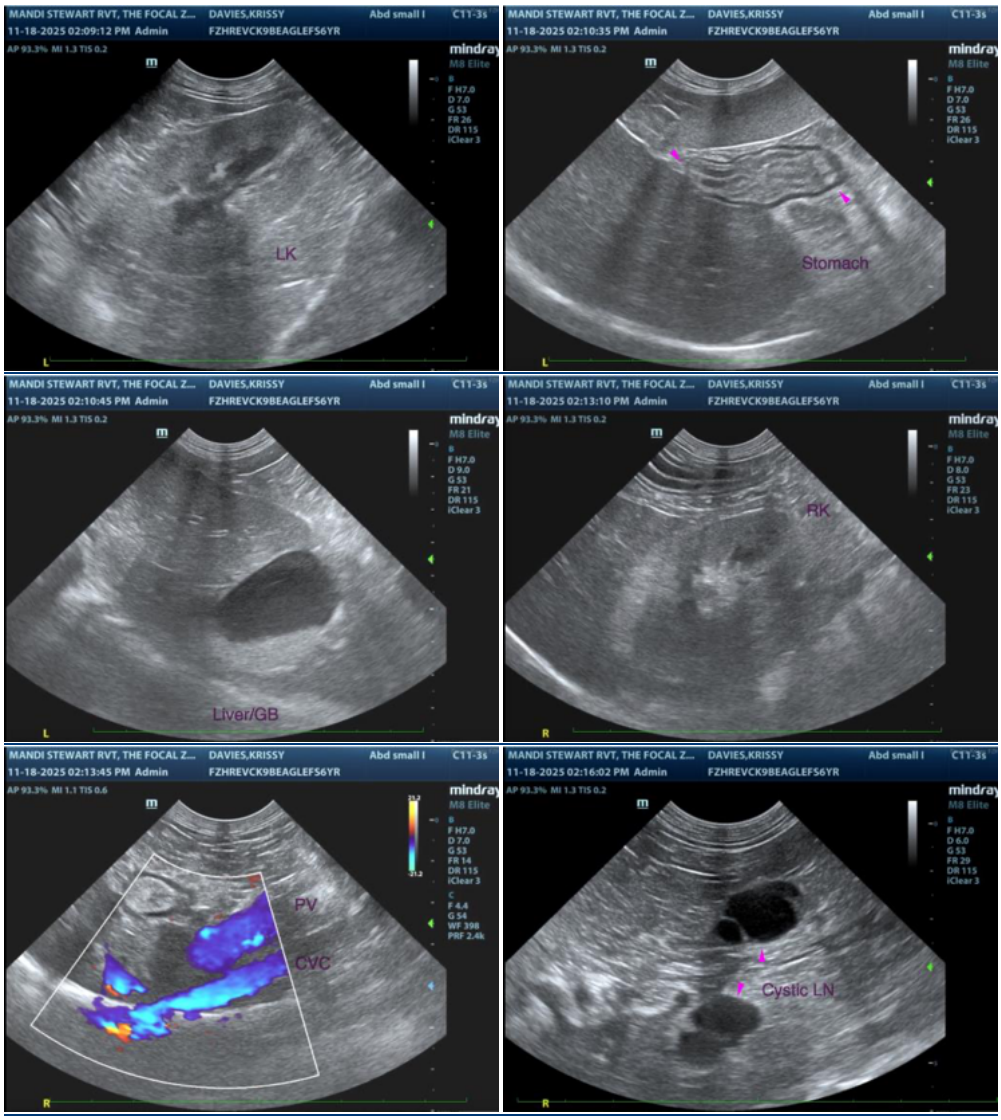

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com